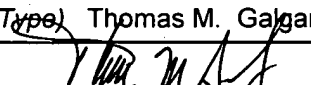


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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional application under 37 CFR 1.53(b))</small>	Attorney Docket No.: First Named Inventor: Title: Express Mail Label No.:	994-2 Maurice Paleschuck AIRCRAFT TRASH MANAGEMENT SYSTEM EV 171219980 US	
APPLICATION ELEMENTS <small>See MPEP chapter 6000 concerning design patent application contents</small>		ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status <small>See 37 CFR 1.27</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 26] <small>(preferred arrangement set forth below, MPEP 1503.01)</small> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawings(s) (37 CFR 1.152) [Total Sheets 13] 5. <input checked="" type="checkbox"/> Oath or Declaration (UNSIGNED) [Total Pages 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) a. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior appl., see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on i. <input type="checkbox"/> CD-ROM or CD-R (2 copies or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies <hr/> ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <small>(when there is an assignee)</small> <small>Attorney</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS) PTO-1449 <small>Citations</small> 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 <small>(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input checked="" type="checkbox"/> Other: ...PTO-2038 Form.....	
18. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner: _____ Group Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input checked="" type="checkbox"/> Correspondence address below			
Name	Galgano & Burke		
Address	300 Rabro Drive, Suite 35		
City	Hauppauge	State	New York
Country	USA	Telephone	631-582-6161
		Fax	631-582-6191
Name (Print/Type)	Thomas M. Galgano	Registration No. (Attorney/Agent)	27,638
Signature		Date	10/1/03

FEE TRANSMITTAL FOR FY 2003

Effective 01/01/200. Patent fees are subject to annual revision

☒ Applicant claims small entity status.
See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$ 534.00

Application Number:
Filing Date:
First Named Inventor:
Examiner Name:
Group Art Unit:
Attorney Docket No.:

Maurice Paleschuck

994-2

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:
Deposit Account Number: **07-0130**
Deposit Account Name: **Galgano & Burke**

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below
☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application except for issue fee
☐ Charge fee(s) indicated below, except for filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
1001	2001	770	385	Utility filing fee	\$ 385.00
1002	2002	330	165	Design filing fee	
1003	2003	520	260	Plant filing fee	
1004	2004	750	375	Reissue filing fee	
1005	2005	160	80	Provisional filing fee	

SUBTOTAL (1) (\$ 385.00)

2. EXTRA CLAIMS FEES FOR UTILITY & REISSUE

Extra Claims Fee from below Fee Paid

Total Claims 27 - 20** = 7 x 9 = **\$ 63.00**
Independent Claims 5 - 3** = 2 x 43 = **\$ 86.00**

Multiple Dependent _____ = _____

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
1202	2202	18	9	Claims in excess of 20	
1201	2201	84	43	Independent claims in excess of 3	
1203	2203	280	140	Multiple dependent claim, if not paid	
1204	2204	84	42	**Reissue independent claims over original patent	
1205	2205	18	9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 149.00)

**or number previously paid, if greater;
For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
1051	2051	130	65	Surcharge - late filing	
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet	
1053	1053	130	130	Non-English specification	
1805	1812	2520	2520	For filing a request for <i>ex parte</i> reexamination	
1804	1804	920*	920*	Requesting publication of SIR prior to Examiner action	
1805	1805	1840*	1840*	Requesting publication of SIR after Examiner action	
1251	2251	110	55	Extension for reply within first month	
1252	2252	410	205	Extension for reply within second month	
1253	2253	930	465	Extension for reply within third month	
1254	2254	1450	725	Extension for reply within fourth month	
1255	2255	1970	985	Extension for reply within fifth month	
1401	2401	320	160	Notice of Appeal	
1402	2402	320	160	Filing a brief in support of an appeal	
1403	2403	280	140	Request for oral hearing	
1451	1451	1510	1510	Petition to institute a public use proceeding	
1452	2452	110	55	Petition to revive - unavoidable	
1453	2453	1300	650	Petition to revive - unintentional	
1501	2501	1300	650	Utility issue fee (or reissue)	
1502	2502	470	235	Design issue fee	
1503	2503	630	315	Plant issue fee	
1460	1460	130	130	Petitions to the Commissioner	
1807	1807	50	50	Processing fee under 37 CFR 1.17(q)	
1806	1806	180	180	Submission of Information Disclosure Stmt	
8021	8021	40	40	Recording each patent assignment per property (times number of properties)	
1809	2809	750	375	Filing a submission after final rejection 37 CFR §1.129(a))	
1810	2810	750	375	For each additional invention to be examined 37 CFR §1.129(b))	
1801	2801	750	375	Request for Continued Examination (RCE)	
1802	1802	900	900	Request for expedited examination of a design application	

Other fee (specify) _____

SUBTOTAL (3) (\$)

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

COMPLETE (if applicable)

Name (Print/Type) **Thomas M. Galgano**

Registration No. **27,638**

Telephone: **631-582-6161**

Signature

Date **10/1/03**

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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